



MONTANA BOARD OF MEDICAL EXAMINERS  
301 S PARK, P O BOX 200513  
HELENA, MT 59602  
406-841-2364

License No. \_\_\_\_\_

Status: \_\_\_\_\_

Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Montana Nutritionist license will expire on October 31<sup>st</sup>.

**YOU MAY ALSO RENEW ONLINE, GO TO: <https://app.mt.gov/renewal/>**

**OR**

- 1) Complete the renewal application.
- 2) Answer the disciplinary question at the bottom of the form.
- 3) Submit a check or money order for **\$50.00** make payable to the Board of Medical Examiners. Do not send cash. Canadian Residents pay in U.S. funds only.
- 4) Renewal with a U.S. Postal Service postmark after October 31<sup>st</sup> will be assessed a penalty fee by state law of \$150.00, for a total of \$200.00. **NO WAIVER OF PENALTY FEE!**
- 5) Sign and date the renewal form.
- 6) Return the renewal application and fee to the Board office postmarked by October 31<sup>st</sup>.
- 7) Incomplete renewal applications will be returned and may be subject to a penalty fee if not received in the Board office completed and postmarked by October 31<sup>st</sup>.

YES \_\_\_\_\_ NO \_\_\_\_\_ I have my current CDR card.

Please confirm the following information and make any changes necessary.

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

LEGISLATION PASSED IN THE 2005 SESSION PROVIDES THAT AN ACUPUNCTURIST HAS 45 DAYS TO RENEW HIS/HER LICENSE BY PAYING THE LATE FEE. ANYONE RENEWING 46 DAYS OR MORE AFTER THE OCTOBER 31 DEADLINE, WILL HAVE A COMPLAINT FILE OPENED, AND THE POSSIBILITY OF THE UNLICENSED PRACTICE WILL BE ADDRESSED BY THE BOARDS DISCIPLINARY SCREENING PANEL. IN ORDER TO AVOID BEING REFERRED TO THE COMPLAINT PROCESS, LICENSEES WHO DO NOT WISH TO PRACTICE MAY REQUEST THAT THE LICENSE BE LISTED AS EXPIRED.

☐ Yes ☐ No - **Have any legal or disciplinary actions been instituted against you since your renewal?** If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your Signature: \_\_\_\_\_

**DO NOT SEND CASH**

Date: \_\_\_\_\_